

Fill in this information to identify your case:

United States Bankruptcy Court for the:

MIDDLE DISTRICT OF FLORIDA

Case number (if known) Chapter **11**☐ Check if this an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

4/16

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1.	Debtor's name	<u>National Radiology Consultants, P.A.</u>	
<hr/>			
2.	All other names debtor used in the last 8 years Include any assumed names, trade names and <i>doing business as</i> names		
<hr/>			
3.	Debtor's federal Employer Identification Number (EIN)	<u>47-0931931</u>	
<hr/>			
4.	Debtor's address	Principal place of business <u>2540 Green Forest Lane</u> <u>Suite 101</u> <u>Lutz, FL 33558</u> Number, Street, City, State & ZIP Code <u>Hillsborough</u> County	Mailing address, if different from principal place of business <hr/> P.O. Box, Number, Street, City, State & ZIP Code Location of principal assets, if different from principal place of business <hr/> Number, Street, City, State & ZIP Code
<hr/>			
5.	Debtor's website (URL)	<hr/>	
<hr/>			
6.	Type of debtor	<input checked="" type="checkbox"/> Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP)) <input type="checkbox"/> Partnership (excluding LLP) <input type="checkbox"/> Other. Specify: <hr/>	
<hr/>			

Debtor **National Radiology Consultants, P.A.**
Name

Case number (if known)

7. Describe debtor's business A. *Check one:*

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))
- ☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- ☐ Railroad (as defined in 11 U.S.C. § 101(44))
- ☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
- ☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
- ☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))
- ☒ None of the above

B. *Check all that apply*

- ☐ Tax-exempt entity (as described in 26 U.S.C. § 501)
- ☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. § 80a-3)
- ☐ Investment advisor (as defined in 15 U.S.C. § 80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor.
See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

6215**8. Under which chapter of the Bankruptcy Code is the debtor filing?***Check one:*

- ☐ Chapter 7
- ☐ Chapter 9

☒ Chapter 11. *Check all that apply:*

- ☐ Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,566,050 (amount subject to adjustment on 4/01/19 and every 3 years after that).
- ☐ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). If the debtor is a small business debtor, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if all of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- ☐ A plan is being filed with this petition.
- ☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
- ☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.
- ☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

☐ Chapter 12**9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?**☒ No.☐ Yes.

If more than 2 cases, attach a separate list.

District	_____	When	_____	Case number	_____
District	_____	When	_____	Case number	_____

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?☒ No☐ Yes.

List all cases. If more than 1, attach a separate list

Debtor	_____	Relationship	_____
District	_____	When	_____
		Case number, if known	_____

Debtor **National Radiology Consultants, P.A.**
Name

Case number (if known)

11. Why is the case filed in this district?*Check all that apply:*

- ☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- ☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?☒ No☐ Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.**Why does the property need immediate attention?** (*Check all that apply.*)☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.

What is the hazard? _____

☐ It needs to be physically secured or protected from the weather.☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).☐ Other _____**Where is the property?** _____

Number, Street, City, State & ZIP Code

Is the property insured?☐ No☐ Yes. Insurance agency _____

Contact name _____

Phone _____

Statistical and administrative information**13. Debtor's estimation of available funds***Check one:*

- ☒ Funds will be available for distribution to unsecured creditors.
- ☐ After any administrative expenses are paid, no funds will be available to unsecured creditors.

14. Estimated number of creditors☐ 1-49☒ 50-99☐ 100-199☐ 200-999☐ 1,000-5,000☐ 5001-10,000☐ 10,001-25,000☐ 25,001-50,000☐ 50,001-100,000☐ More than 100,000**15. Estimated Assets**☐ \$0 - \$50,000☐ \$50,001 - \$100,000☐ \$100,001 - \$500,000☐ \$500,001 - \$1 million☐ \$1,000,001 - \$10 million☒ \$10,000,001 - \$50 million☐ \$50,000,001 - \$100 million☐ \$100,000,001 - \$500 million☐ \$500,000,001 - \$1 billion☐ \$1,000,000,001 - \$10 billion☐ \$10,000,000,001 - \$50 billion☐ More than \$50 billion**16. Estimated liabilities**☐ \$0 - \$50,000☐ \$50,001 - \$100,000☐ \$100,001 - \$500,000☐ \$500,001 - \$1 million☒ \$1,000,001 - \$10 million☐ \$10,000,001 - \$50 million☐ \$50,000,001 - \$100 million☐ \$100,000,001 - \$500 million☐ \$500,000,001 - \$1 billion☐ \$1,000,000,001 - \$10 billion☐ \$10,000,000,001 - \$50 billion☐ More than \$50 billion

Debtor **National Radiology Consultants, P.A.**
Name

Case number (if known)

Request for Relief, Declaration, and Signatures**WARNING** -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.**17. Declaration and signature
of authorized
representative of debtor**

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **February 15, 2019**
MM / DD / YYYY**X /s/ Jame Okoh, M.D.**

Signature of authorized representative of debtor

Jame Okoh, M.D.

Printed name

Title **President / CEO****18. Signature of attorney****X /s/ Daniel E. Etlinger**

Signature of attorney for debtor

Date **February 15, 2019**

MM / DD / YYYY

Daniel E. Etlinger

Printed name

David Jennis, P.A. d/b/a

Firm name

**Jennis Law
606 E. Madison Street
Tampa, FL 33602**

Number, Street, City, State & ZIP Code

Contact phone **813-229-2800**Email address **ecf@jennislaw.com****77420 FL**

Bar number and State

Fill in this information to identify the case:Debtor name National Radiology Consultants, P.A.United States Bankruptcy Court for the: MIDDLE DISTRICT OF FLORIDA

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ Amended Schedule _____
- ☒ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on February 15, 2019**X /s/ Jame Okoh, M.D.**

Signature of individual signing on behalf of debtor

Jame Okoh, M.D.

Printed name

President / CEO

Position or relationship to debtor

Fill in this information to identify the case:

Debtor name **National Radiology Consultants, P.A.**
 United States Bankruptcy Court for the: **MIDDLE DISTRICT OF FLORIDA**
 Case number (if known): _____

☐ Check if this is an
 amended filing

Official Form 204**Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders****12/15**

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an insider, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Adel Abdalla, M.D. 1803 Park Center Drive Apt. 101 Orlando, FL 32835		Wages				\$31,250.00
Alex Bibbey, M.D. 1815 University Drive Durham, NC 27707		Wages	Disputed			\$100,000.00
American Express Company c/o CT Corporation System, R 1200 South Pine Island Road Fort Lauderdale, FL 33324		Credit Card Purchases				\$51,674.67
CBIZ, Inc. 25450 Network Place Chicago, IL 60673-1254		Trade Debt				\$22,719.72
Change Healthcare 3055 Lebanon Pike Nashville, TN 37214		Trade Debt				\$18,091.09
Fan Yun Gan, M.D. 9321 Briarcliff Trace Port Saint Lucie, FL 34986		Wages				\$46,153.86
Florida Retirement Consultan 5503 West Waters Avenue Suite 500 Tampa, FL 33634		401k 2016-2018				\$46,000.00

Debtor **National Radiology Consultants, P.A.**
Name

Case number (if known)

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Hugo Montes, M.D. 18410 Tapestry Lake Circle Apt. 101 Lutz, FL 33548		Wages				\$15,384.62
James Okoh, M.D. 9203 Pine Island Court Tampa, FL 33647		Wages				\$625,000.00
LocumTenens.com 2655 Northwinds Parkway Alpharetta, GA 30009		Trade Debt	Disputed			\$375,915.64
Medicus 22 Roulston Road Windham, NH 03087		Trade Debt				\$486,375.21
Michael Herron 1132 SE Kings Bay Drive Crystal River, FL 34429		Wages				\$15,384.62
Nuance Communications, Inc. 3984 Pepsi Cola Drive Melbourne, FL 32934		Trade Debt				\$290,518.76
Radar Healthcare Providers 1741 Hog Mountain Road Building 200 Watkinsville, GA 30677		Trade Debt				\$137,325.84
Satish Venkataperumal, M.D. 15701 Newcastle Court Tampa, FL 33647		Wages	Disputed			\$121,153.83
Staff Care, Inc. 8840 Cypress Waters Blvd. Suite 300 Coppell, TX 75019		Trade Debt				\$72,072.21
Technology Partners, Inc. 8757 Red Oak Boulevard Charlotte, NC 28217		Trade Debt				\$41,000.00

Debtor **National Radiology Consultants, P.A.**
Name

Case number (if known)

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
vRad 11995 Singletree Lane Suite 500 Eden Prairie, MN 55344		Services Provided				\$847,916.62
Wells Fargo Bank, N.A. 420 Montgomery Street San Francisco, CA 94163		Credit Card Purchases				\$27,609.05
Zayo Group, LLC 1805 29th Street Suite 2050 Boulder, CO 80301		Services Provided				\$44,064.93

Fill in this information to identify the case:Debtor name National Radiology Consultants, P.A.United States Bankruptcy Court for the: MIDDLE DISTRICT OF FLORIDA

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206Sum
Summary of Assets and Liabilities for Non-Individuals**

12/15

Part 1: Summary of Assets**1. Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)

1a. Real property:	
Copy line 88 from <i>Schedule A/B</i>	\$ <u>0.00</u>
1b. Total personal property:	
Copy line 91A from <i>Schedule A/B</i>	\$ <u>18,709,234.89</u>
1c. Total of all property:	
Copy line 92 from <i>Schedule A/B</i>	\$ <u>18,709,234.89</u>

Part 2: Summary of Liabilities

2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D)	
Copy the total dollar amount listed in Column A, <i>Amount of claim</i> , from line 3 of <i>Schedule D</i>	\$ <u>1,288,884.00</u>
3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)	
3a. Total claim amounts of priority unsecured claims:	
Copy the total claims from Part 1 from line 5a of <i>Schedule E/F</i>	\$ <u>979,211.51</u>
3b. Total amount of claims of nonpriority amount of unsecured claims:	
Copy the total of the amount of claims from Part 2 from line 5b of <i>Schedule E/F</i>	+\$ <u>2,657,473.37</u>
4. Total liabilities	
Lines 2 + 3a + 3b	\$ <u>4,925,568.88</u>

Fill in this information to identify the case:Debtor name National Radiology Consultants, P.A.United States Bankruptcy Court for the: MIDDLE DISTRICT OF FLORIDA

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206A/B****Schedule A/B: Assets - Real and Personal Property**

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents**1. Does the debtor have any cash or cash equivalents?**

- ☐ No. Go to Part 2.
☒ Yes Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor**Current value of debtor's interest****3. Checking, savings, money market, or financial brokerage accounts (Identify all)**

	Name of institution (bank or brokerage firm)	Type of account	Last 4 digits of account number	
3.1.	<u>Wells Fargo Bank, N.A.</u>	<u>Checking</u>	<u>2004</u>	<u>\$1,013.59</u>
3.2.	<u>Wells Fargo Bank, N.A.</u>	<u>Checking</u>	<u>7687</u>	<u>\$47,217.45</u>
3.3.	<u>JPMorgan Chase Bank, N.A.</u>	<u>Checking</u>	<u>2092</u>	<u>\$484.55</u>
3.4.	<u>JPMorgan Chase Bank, N.A.</u>	<u>Checking</u>	<u>8328</u>	<u>\$511.88</u>
3.5.	<u>JPMorgan Chase Bank, N.A.</u>	<u>Checking</u>	<u>2959</u>	<u>\$4,379.55</u>
3.6.	<u>JPMorgan Chase Bank, N.A.</u>	<u>Checking</u>	<u>2926</u>	<u>\$180.81</u>
3.7.	<u>JPMorgan Chase Bank, N.A.</u>	<u>Checking</u>	<u>3683</u>	<u>\$727.07</u>

Debtor National Radiology Consultants, P.A.
Name

Case number (If known) _____

3.8. JPMorgan Chase Bank, N.A. Checking 6991 \$121.994. **Other cash equivalents** (Identify all)5. **Total of Part 1.**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$54,636.89**Part 2: Deposits and Prepayments**

6. Does the debtor have any deposits or prepayments?

- ☒ No. Go to Part 3.
☐ Yes Fill in the information below.

Part 3: Accounts receivable

10. Does the debtor have any accounts receivable?

- ☐ No. Go to Part 4.
☒ Yes Fill in the information below.

11. **Accounts receivable**

11a. 90 days old or less:	<u>6,544,928.00</u>	-	<u>2,772,464.00</u>	=	<u>\$3,772,464.00</u>
	face amount		doubtful or uncollectible accounts		

11b. Over 90 days old:	<u>29,744,268.00</u>	-	<u>14,872,134.00</u>	=	<u>\$14,872,134.00</u>
	face amount		doubtful or uncollectible accounts		

12. **Total of Part 3.**

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$18,644,598.00**Part 4: Investments**

13. Does the debtor own any investments?

- ☒ No. Go to Part 5.
☐ Yes Fill in the information below.

Part 5: Inventory, excluding agriculture assets

18. Does the debtor own any inventory (excluding agriculture assets)?

- ☒ No. Go to Part 6.
☐ Yes Fill in the information below.

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)

27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?

- ☒ No. Go to Part 7.
☐ Yes Fill in the information below.

Part 7: Office furniture, fixtures, and equipment; and collectibles

38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?

Official Form 206A/B

Schedule A/B Assets - Real and Personal Property

page 2

Debtor **National Radiology Consultants, P.A.**
Name

Case number (If known) _____

- ☐ No. Go to Part 8.
- ☒ Yes Fill in the information below.

	General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39.	Office furniture 19 Desks, 10 rad workstations, 18 desktop computers, 6 laptop computers, 3 servers, 26 chairs, 17 scanners, 1 HP printer/fax/copier, 16 desktop printers, 17 telephones	\$10,000.00	Liquidation	\$10,000.00

40. **Office fixtures**41. **Office equipment, including all computer equipment and communication systems equipment and software**42. **Collectibles** *Examples:* Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles43. **Total of Part 7.**

Add lines 39 through 42. Copy the total to line 86.

\$10,000.0044. **Is a depreciation schedule available for any of the property listed in Part 7?**☒ No☐ Yes45. **Has any of the property listed in Part 7 been appraised by a professional within the last year?**☒ No☐ Yes**Part 8: Machinery, equipment, and vehicles**46. **Does the debtor own or lease any machinery, equipment, or vehicles?**

- ☒ No. Go to Part 9.
- ☐ Yes Fill in the information below.

Part 9: Real property54. **Does the debtor own or lease any real property?**

- ☒ No. Go to Part 10.
- ☐ Yes Fill in the information below.

Part 10: Intangibles and intellectual property59. **Does the debtor have any interests in intangibles or intellectual property?**

- ☒ No. Go to Part 11.
- ☐ Yes Fill in the information below.

Part 11: All other assets70. **Does the debtor own any other assets that have not yet been reported on this form?**

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- ☐ No. Go to Part 12.
- ☒ Yes Fill in the information below.

Debtor National Radiology Consultants, P.A.
Name

Case number (If known) _____

Current value of
debtor's interest

71. **Notes receivable**
Description (include name of obligor)
72. **Tax refunds and unused net operating losses (NOLs)**
Description (for example, federal, state, local)
73. **Interests in insurance policies or annuities**
74. **Causes of action against third parties (whether or not a lawsuit has been filed)**
75. **Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims**
- Potential cause of action against former billing manager**
- | | |
|------------------|---------------|
| Nature of claim | _____ |
| Amount requested | <u>\$0.00</u> |

Unknown

76. **Trusts, equitable or future interests in property**
77. **Other property of any kind not already listed** *Examples: Season tickets, country club membership*
78. **Total of Part 11.**
Add lines 71 through 77. Copy the total to line 90.
79. **Has any of the property listed in Part 11 been appraised by a professional within the last year?**
☒ No
☐ Yes

\$0.00

Debtor **National Radiology Consultants, P.A.**
Name

Case number (If known) _____

Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1</i>	\$54,636.89	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	\$0.00	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	\$18,644,598.00	
83. Investments. <i>Copy line 17, Part 4.</i>	\$0.00	
84. Inventory. <i>Copy line 23, Part 5.</i>	\$0.00	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	\$0.00	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	\$10,000.00	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	\$0.00	
88. Real property. <i>Copy line 56, Part 9.....></i>		\$0.00
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	\$0.00	
90. All other assets. <i>Copy line 78, Part 11.</i>	\$0.00	
91. Total. Add lines 80 through 90 for each column	\$18,709,234.89	\$0.00
92. Total of all property on Schedule A/B. Add lines 91a+91b=92		\$18,709,234.89

Fill in this information to identify the case:Debtor name **National Radiology Consultants, P.A.**United States Bankruptcy Court for the: **MIDDLE DISTRICT OF FLORIDA**

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206D****Schedule D: Creditors Who Have Claims Secured by Property****12/15****Be as complete and accurate as possible.****1. Do any creditors have claims secured by debtor's property?**

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims**2. List in alphabetical order all creditors who have secured claims.** If a creditor has more than one secured claim, list the creditor separately for each claim.

		Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	
2.1	JPMorgan Chase Creditor's Name 270 Park Avenue New York, NY 10017 Creditor's mailing address Creditor's email address, if known Date debt was incurred Last 4 digits of account number 5001 Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Describe debtor's property that is subject to a lien Blanket lien Describe the lien UCC-1 Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$995,468.34	\$14,872,134.00

2.2	JPMorgan Chase Bank, N.A. Creditor's Name 270 Park Avenue New York, NY 10017 Creditor's mailing address Creditor's email address, if known Date debt was incurred Last 4 digits of account number 5002 Do multiple creditors have an interest in the same property?	Describe debtor's property that is subject to a lien Blanket lien Describe the lien UCC-1 Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply	\$293,415.66	\$3,772,464.00
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Debtor **National Radiology Consultants, P.A.**

Case number (if know) _____

Name

☒ No☐ Contingent☐ Yes. Specify each creditor,
including this creditor and its relative
priority.☐ Unliquidated☐ Disputed

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

\$1,288,884.0
0**Part 2: List Others to Be Notified for a Debt Already Listed in Part 1**

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address

On which line in Part 1 did
you enter the related creditor?Last 4 digits of
account number for
this entityJPMorgan Chase Bank, N.A.
Collateral Mgmt Small Bus.
PO Box 33035
Louisville, KY 40232-9891Line 2.2

Fill in this information to identify the case:Debtor name **National Radiology Consultants, P.A.**United States Bankruptcy Court for the: **MIDDLE DISTRICT OF FLORIDA**

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206E/F****Schedule E/F: Creditors Who Have Unsecured Claims****12/15**

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims**1. Do any creditors have priority unsecured claims?** (See 11 U.S.C. § 507).☐ No. Go to Part 2.☒ Yes. Go to line 2.**2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part.** If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

			Total claim	Priority amount
2.1	Priority creditor's name and mailing address Adam Green M.D. 450 Knights Run Avenue #502 Orlando, FL 32835	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$9,615.38	\$9,615.38
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Wages Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.2	Priority creditor's name and mailing address Adel Abdalla, M.D. 1803 Park Center Drive Apt. 101 Orlando, FL 32835	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$31,250.00	\$12,850.00
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Wages Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	National Radiology Consultants, P.A. <small>Name</small>	Case number (if known)
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2.3	Priority creditor's name and mailing address Alex Bibbey, M.D. 1815 University Drive Durham, NC 27707	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$100,000.00	\$12,850.00
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Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Wages Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.4	Priority creditor's name and mailing address Fan Yun Gan, M.D. 9321 Briarcliff Trace Port Saint Lucie, FL 34986	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$46,153.86	\$12,850.00
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Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Wages Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.5	Priority creditor's name and mailing address Harvey Esrov, M.D. 5921 Drexel Court Naples, FL 34119	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$15,269.20	\$12,850.00
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Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Wages Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.6	Priority creditor's name and mailing address Hugo Montes, M.D. 18410 Tapestry Lake Circle Apt. 101 Lutz, FL 33548	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$15,384.62	\$12,850.00
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Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Wages Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	National Radiology Consultants, P.A.		Case number (if known)	
	Name			
2.7	Priority creditor's name and mailing address Internal Revenue Service Centralized Insolvency Oper. PO Box 7346 Philadelphia, PA 19101-7346	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim: Potential Tax Liability for 2018		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.8	Priority creditor's name and mailing address James Okoh, M.D. 9203 Pine Island Court Tampa, FL 33647	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$625,000.00	\$12,850.00
	Date or dates debt was incurred	Basis for the claim: Wages		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.9	Priority creditor's name and mailing address Michael Herron 1132 SE Kings Bay Drive Crystal River, FL 34429	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$15,384.62	\$12,850.00
	Date or dates debt was incurred	Basis for the claim: Wages		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.10	Priority creditor's name and mailing address Satish Venkataperumal, M.D. 15701 Newcastle Court Tampa, FL 33647	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$121,153.83	\$12,850.00
	Date or dates debt was incurred	Basis for the claim: Wages		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

Amount of claim

Debtor **National Radiology Consultants, P.A.**
Name

Case number (if known)

3.1	Nonpriority creditor's name and mailing address 3M Health Information System 3M Corporate Headquarters 3M Center Saint Paul, MN 55144-1000 Date(s) debt was incurred ____ Last 4 digits of account number 4967	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15,233.94
3.2	Nonpriority creditor's name and mailing address All Covered Dept. 33163 PO Box 39000 San Francisco, CA 94139-3163 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services Provided</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$13,955.23
3.3	Nonpriority creditor's name and mailing address American Express Company c/o CT Corporation System, R 1200 South Pine Island Road Fort Lauderdale, FL 33324 Date(s) debt was incurred ____ Last 4 digits of account number 1003	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Credit Card Purchases</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$51,674.67
3.4	Nonpriority creditor's name and mailing address Aqua Chill 1320 S. Priest Drive Suite 106 Tempe, AZ 85281 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$37.45
3.5	Nonpriority creditor's name and mailing address Bayshore Solutions 600 N. Westshore Boulevard Suite 700 Tampa, FL 33609 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$89.00
3.6	Nonpriority creditor's name and mailing address Blue Cross Blue Shield of Florida, Inc. 4800 Deerwood Campus Parkway Jacksonville, FL 32246 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Insurance</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$13,550.35
3.7	Nonpriority creditor's name and mailing address BMW Card Services PO Box 660545 Dallas, TX 75266-0545 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Credit Card Purchases</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,519.90

Debtor **National Radiology Consultants, P.A.**
Name

Case number (if known)

3.8	Nonpriority creditor's name and mailing address CBIZ, Inc. 25450 Network Place Chicago, IL 60673-1254 Date(s) debt was incurred ____ Last 4 digits of account number <u>4862</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$22,719.72
3.9	Nonpriority creditor's name and mailing address CenturyLink 100 Centurylink Drive Monroe, LA 71203 Date(s) debt was incurred ____ Last 4 digits of account number <u>9542</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services Provided</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,000.00
3.10	Nonpriority creditor's name and mailing address Change Healthcare 3055 Lebanon Pike Nashville, TN 37214 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$18,091.09
3.11	Nonpriority creditor's name and mailing address Cintas PO Box 630910 Cincinnati, OH 45263-0910 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$579.76
3.12	Nonpriority creditor's name and mailing address Citi Business Card 701 East 60th Street North Sioux Falls, SD 57104 Date(s) debt was incurred ____ Last 4 digits of account number <u>3634</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Credit Card Purchases</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,125.73
3.13	Nonpriority creditor's name and mailing address Cliftonlarsonallen Wealth Advisors, LLC 220 S. 6th Street Suite 300 Minneapolis, MN 55402 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11,076.71
3.14	Nonpriority creditor's name and mailing address Corporation Service Company PO Box 13397 Philadelphia, PA 19101-3397 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services Provided</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$302.99

Debtor **National Radiology Consultants, P.A.**
Name

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3.15	Nonpriority creditor's name and mailing address Data Media Associates, LLC 1295 Old Alpharetta Road Alpharetta, GA 30005 Date(s) debt was incurred ____ Last 4 digits of account number <u>0001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,953.41
3.16	Nonpriority creditor's name and mailing address Duke Energy Headquarters 526 S. Church Street Charlotte, NC 28202 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Utilities</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$261.56
3.17	Nonpriority creditor's name and mailing address Duke Energy Headquarters 526 S. Church Street Charlotte, NC 28202 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Utilities</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$216.49
3.18	Nonpriority creditor's name and mailing address EEl Security, Inc. 14529 N. Florida Avenue Tampa, FL 33613 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services Provided</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$70.46
3.19	Nonpriority creditor's name and mailing address Emergence 205 Park Central East Suite 516 Springfield, MO 65806 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,000.00
3.20	Nonpriority creditor's name and mailing address Florida Retirement Consultan 5503 West Waters Avenue Suite 500 Tampa, FL 33634 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>401k 2016-2018</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$46,000.00
3.21	Nonpriority creditor's name and mailing address Frontier PO Box 740407 Cincinnati, OH 45274-0407 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services Provided</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$992.40

Debtor **National Radiology Consultants, P.A.**
Name

Case number (if known)

3.22	Nonpriority creditor's name and mailing address Greenlee Law, PLLC 1304 S. DeSoto Avenue Suite 203 Tampa, FL 33606 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For Notice Purposes Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.23	Nonpriority creditor's name and mailing address Hartford Life Insurance PO Box 660916 Dallas, TX 75266-0916 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Insurance</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,380.00
3.24	Nonpriority creditor's name and mailing address Hillsborough County Medical Association 606 S. Boulevard Tampa, FL 33606 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$370.00
3.25	Nonpriority creditor's name and mailing address HSW & Associates, Inc. 3750 Gunn Highway Suite 308 Tampa, FL 33618 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Lease</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,472.77
3.26	Nonpriority creditor's name and mailing address JPMorgan Chase 270 Park Avenue New York, NY 10017 Date(s) debt was incurred ____ Last 4 digits of account number <u>6272</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Credit Card Purchases</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,450.10
3.27	Nonpriority creditor's name and mailing address Lincoln National Life Ins. Group PO Box 7247-0477 Philadelphia, PA 19170 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Insurance</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,665.00
3.28	Nonpriority creditor's name and mailing address LocumTenens.com 2655 Northwinds Parkway Alpharetta, GA 30009 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$375,915.64

Debtor	National Radiology Consultants, P.A. <small>Name</small>	Case number (if known) _____
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3.29	Nonpriority creditor's name and mailing address Medicus 22 Roulston Road Windham, NH 03087 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$486,375.21 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.30	Nonpriority creditor's name and mailing address NICA FL Neurological Compensation PO Box 14567 Tallahassee, FL 32317-4567 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$783.16 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.31	Nonpriority creditor's name and mailing address Nuance Communications, Inc. 3984 Pepsi Cola Drive Melbourne, FL 32934 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$290,518.76 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.32	Nonpriority creditor's name and mailing address Pasco County Tax Collector 4135 Land O'Lakes Boulevard Land O Lakes, FL 34639 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,500.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Taxes</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.33	Nonpriority creditor's name and mailing address Principial Disability Health 711 High Street Des Moines, IA 50392-1520 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$9,910.98 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Insurance</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.34	Nonpriority creditor's name and mailing address Radar Healthcare Providers 1741 Hog Mountain Road Building 200 Watkinsville, GA 30677 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$137,325.84 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.35	Nonpriority creditor's name and mailing address Radiation Services 9320 McIntosh Road Dover, FL 33527-3744 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,200.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor **National Radiology Consultants, P.A.**

Case number (if known) _____

Name _____

3.36	Nonpriority creditor's name and mailing address RamSoft 10808 Foothill Blvd. 160-427 Rancho Cucamonga, CA 91730 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$13,055.98
3.37	Nonpriority creditor's name and mailing address Salesforce.com, Inc. The Landmark @ 1 Market St. Suite 300 San Francisco, CA 94105 Date(s) debt was incurred _____ Last 4 digits of account number <u>4966</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,600.00
3.38	Nonpriority creditor's name and mailing address Shred-it 28883 Network Place Chicago, IL 60673-1288 Date(s) debt was incurred _____ Last 4 digits of account number <u>6331</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$433.26
3.39	Nonpriority creditor's name and mailing address Shumaker Loop & Kendrick,LLP 101 E. Kennedy Boulevard Suite 2800 Tampa, FL 33602 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Professional Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,534.00
3.40	Nonpriority creditor's name and mailing address Shutts & Bowen, LLP 200 South Biscayne Blvd. Suite 4100 Miami, FL 33131 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Professional Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,505.47
3.41	Nonpriority creditor's name and mailing address Spectrum Business PO Box 31710 Tampa, FL 33631 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services Provided - OHH</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$405.63
3.42	Nonpriority creditor's name and mailing address Spectrum Business PO Box 31710 Tampa, FL 33631 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services Provided - Main</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$254.28

Debtor **National Radiology Consultants, P.A.**
Name

Case number (if known)

3.43	Nonpriority creditor's name and mailing address Staff Care, Inc. 8840 Cypress Waters Blvd. Suite 300 Coppell, TX 75019 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$72,072.21
3.44	Nonpriority creditor's name and mailing address Sulloway & Hollis, PLLC 9 Capitol Street Concord, NH 03301 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Professional Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$12,265.20
3.45	Nonpriority creditor's name and mailing address Technology Partners, Inc. 8757 Red Oak Boulevard Charlotte, NC 28217 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$41,000.00
3.46	Nonpriority creditor's name and mailing address Vanguard Cleaning Systems 12108 North 56th Street Suite 8 Tampa, FL 33617 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services Provided</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$321.00
3.47	Nonpriority creditor's name and mailing address vRad 11995 Singletree Lane Suite 500 Eden Prairie, MN 55344 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services Provided</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$847,916.62
3.48	Nonpriority creditor's name and mailing address Wells Fargo Bank, N.A. 420 Montgomery Street San Francisco, CA 94163 Date(s) debt was incurred ____ Last 4 digits of account number <u>5752</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Credit Card Purchases</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,745.29
3.49	Nonpriority creditor's name and mailing address Wells Fargo Bank, N.A. 420 Montgomery Street San Francisco, CA 94163 Date(s) debt was incurred ____ Last 4 digits of account number <u>6498</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Credit Card Purchases</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$12,431.14

Debtor **National Radiology Consultants, P.A.**
Name

Case number (if known)

3.50	Nonpriority creditor's name and mailing address Wells Fargo Bank, N.A. 420 Montgomery Street San Francisco, CA 94163 Date(s) debt was incurred ____ Last 4 digits of account number <u>7258</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Credit Card Purchases</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,940.99
3.51	Nonpriority creditor's name and mailing address Wells Fargo Bank, N.A. 420 Montgomery Street San Francisco, CA 94163 Date(s) debt was incurred ____ Last 4 digits of account number <u>4620</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Credit Card Purchases</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$27,609.05
3.52	Nonpriority creditor's name and mailing address Zayo Group, LLC 1805 29th Street Suite 2050 Boulder, CO 80301 Date(s) debt was incurred ____ Last 4 digits of account number <u>3443</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services Provided</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$44,064.93

Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1	3M Health Information System Dept. 0881 PO Box 120881 Dallas, TX 75312-0881	Line <u>3.1</u> <input type="checkbox"/> Not listed. Explain ____	—
4.2	American Express PO Box 650448 Dallas, TX 75265	Line <u>3.3</u> <input type="checkbox"/> Not listed. Explain ____	—
4.3	Aqua Chill PO Box 24741 Tempe, AZ 85285-3848	Line <u>3.4</u> <input type="checkbox"/> Not listed. Explain ____	—
4.4	CenturyLink PO Box 52124 Phoenix, AZ 85072	Line <u>3.9</u> <input type="checkbox"/> Not listed. Explain ____	—
4.5	CenturyLink Business Service PO Box 52187 Phoenix, AZ 85072-2187	Line <u>3.9</u> <input type="checkbox"/> Not listed. Explain ____	—
4.6	Change Healthcare PO Box 572490 Salt Lake City, UT 84157-2490	Line <u>3.10</u> <input type="checkbox"/> Not listed. Explain ____	—

Debtor National Radiology Consultants, P.A.		Case number (if known) _____	
Name			
	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.7	Chase Ink PO Box 1423 Charlotte, NC 28201	Line <u>3.26</u> <input type="checkbox"/> Not listed. Explain _____	—
4.8	Citi Business Card PO Box 9001037 Louisville, KY 40290	Line <u>3.12</u> <input type="checkbox"/> Not listed. Explain _____	—
4.9	Darryl R. Richards Johnson Pope Bokor Ruppel & Burns, LLP 401 East Jackson St. #3100 Tampa, FL 33602	Line <u>2.10</u> <input type="checkbox"/> Not listed. Explain _____	—
4.10	Data Media Associates PO Box 2305 Alpharetta, GA 30023	Line <u>3.15</u> <input type="checkbox"/> Not listed. Explain _____	—
4.11	EEL Security, Inc. PO Box 17849 Tampa, FL 33682	Line <u>3.18</u> <input type="checkbox"/> Not listed. Explain _____	—
4.12	Florida Blue 1501 North Plano Road Suite 100 Richardson, TX 75081-2430	Line <u>3.6</u> <input type="checkbox"/> Not listed. Explain _____	—
4.13	Gilbert M. Singer, Esquire 5104 South Westshort Blvd. Tampa, FL 33611	Line <u>3.28</u> <input type="checkbox"/> Not listed. Explain _____	—
4.14	NC Dept. of Labor 1101 Mail Service Ctr. Raleigh, NC 27699	Line <u>2.3</u> <input type="checkbox"/> Not listed. Explain _____	—
4.15	Nuance Communications, Inc. PO Box 2561 Carol Stream, IL 60132-2561	Line <u>3.31</u> <input type="checkbox"/> Not listed. Explain _____	—
4.16	Radar Healthcare Providers PO Box 1708 Watkinsville, GA 30677	Line <u>3.34</u> <input type="checkbox"/> Not listed. Explain _____	—
4.17	Salesforce.com, Inc. PO Box 203141 Dallas, TX 75320-3141	Line <u>3.37</u> <input type="checkbox"/> Not listed. Explain _____	—
4.18	Staff Care PO Box 281923 Atlanta, GA 30384-1923	Line <u>3.43</u> <input type="checkbox"/> Not listed. Explain _____	—

Debtor	Name	Case number (if known)
	National Radiology Consultants, P.A.	
	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?
4.19	United States Attorney Attn: Civil Process Clerk 400 N. Tampa Street Suite 3200 Tampa, FL 33602	Line <u>2.7</u> <input type="checkbox"/> Not listed. Explain _____
4.20	United States Attorney Department of Justice 950 Pennsylvania Avenue NE Washington, DC 20530-0001	Line <u>2.7</u> <input type="checkbox"/> Not listed. Explain _____
4.21	Wells Fargo Bank, N.A. PO Box 77053 Minneapolis, MN 55480	Line <u>3.48</u> <input type="checkbox"/> Not listed. Explain _____
4.22	Wells Fargo Bank, N.A. PO Box 77053 Minneapolis, MN 55480	Line <u>3.49</u> <input type="checkbox"/> Not listed. Explain _____
4.23	Wells Fargo Bank, N.A. PO Box 77053 Minneapolis, MN 55480	Line <u>3.50</u> <input type="checkbox"/> Not listed. Explain _____
4.24	Wells Fargo Bank, N.A. PO Box 77053 Minneapolis, MN 55480	Line <u>3.51</u> <input type="checkbox"/> Not listed. Explain _____
4.25	Zayo PO Box 952136 Dallas, TX 75395	Line <u>3.52</u> <input type="checkbox"/> Not listed. Explain _____

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims**5. Add the amounts of priority and nonpriority unsecured claims.**

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2

Lines 5a + 5b = 5c.

Total of claim amounts	
5a.	\$ <u>979,211.51</u>
5b. +	\$ <u>2,657,473.37</u>
5c.	\$ <u>3,636,684.88</u>

Fill in this information to identify the case:Debtor name **National Radiology Consultants, P.A.**United States Bankruptcy Court for the: **MIDDLE DISTRICT OF FLORIDA**

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206G****Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.**1. Does the debtor have any executory contracts or unexpired leases?**☐ No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.☒ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal* (Official Form 206A/B).*Property***2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**2.1. State what the contract or lease is for and the nature of the debtor's interest **Radiology services agreement**State the term remaining **14 months**

List the contract number of any government contract _____

**HCA Health Svs. FL, Inc.
d/b/a Oak Hill Hospital
One Park Plaza
Nashville, TN 37203**2.2. State what the contract or lease is for and the nature of the debtor's interest **Commercial property lease agreement**State the term remaining **monthly**

List the contract number of any government contract _____

**HSW & Associates, Inc.
3750 Gunn Highway
Suite 308
Tampa, FL 33618**2.3. State what the contract or lease is for and the nature of the debtor's interest **Radiology services agreement**State the term remaining **2 Months**

List the contract number of any government contract _____

**Promise Hospital of Dade, Inc
Promise Hospital of Miami
14001 NW 82nd Avenue
Maimi Lakes, FL 33016**

Fill in this information to identify the case:Debtor name **National Radiology Consultants, P.A.**United States Bankruptcy Court for the: **MIDDLE DISTRICT OF FLORIDA**

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206H
Schedule H: Your Codebtors****12/15**

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Do you have any codebtors?☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.☒ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

*Column 1: Codebtor**Column 2: Creditor***Name****Mailing Address****Name***Check all schedules that apply:*2.1 **James Okoh,
M.D.** **9203 Pine Island Court
Tampa, FL 33647****HSW & Associates,
Inc.**☐ D _____
☒ E/F **3.25**
☐ G _____2.2 **James Okoh,
M.D.** **9203 Pine Island Court
Tampa, FL 33647****Wells Fargo Bank,
N.A.**☐ D _____
☒ E/F **3.50**
☐ G _____2.3 **James Okoh,
M.D.** **9203 Pine Island Court
Tampa, FL 33647****Wells Fargo Bank,
N.A.**☐ D _____
☒ E/F **3.49**
☐ G _____2.4 **James Okoh,
M.D.** **9203 Pine Island Court
Tampa, FL 33647****Wells Fargo Bank,
N.A.**☐ D _____
☒ E/F **3.48**
☐ G _____2.5 **James Okoh,
M.D.** **9203 Pine Island Court
Tampa, FL 33647****Wells Fargo Bank,
N.A.**☐ D _____
☒ E/F **3.51**
☐ G _____

Fill in this information to identify the case:Debtor name National Radiology Consultants, P.A.United States Bankruptcy Court for the: MIDDLE DISTRICT OF FLORIDA

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 207****Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy**

04/16

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

Part 1: Income**1. Gross revenue from business**☐ None.**Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year****From the beginning of the fiscal year to filing date:**From **1/01/2019** to **Filing Date****Sources of revenue**
Check all that apply☒ Operating a business☐ Other _____**Gross revenue**
(before deductions and exclusions)**\$450,586.90****For prior year:**From **1/01/2018** to **12/31/2018**☒ Operating a business☐ Other _____**\$4,257,274.81****For year before that:**From **1/01/2017** to **12/31/2017**☒ Operating a business☐ Other _____**\$6,054,428.00****2. Non-business revenue**

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☒ None.**Description of sources of revenue****Gross revenue from each source**
(before deductions and exclusions)**Part 2: List Certain Transfers Made Before Filing for Bankruptcy****3. Certain payments or transfers to creditors within 90 days before filing this case**

List payments or transfers--including expense reimbursements--to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$6,425. (This amount may be adjusted on 4/01/19 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☐ None.**Creditor's Name and Address****Dates****Total amount of value****Reasons for payment or transfer**
Check all that apply

Debtor **National Radiology Consultants, P.A.**

Case number (if known) _____

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer <i>Check all that apply</i>
3.1. Emergence 205 Park Central East Suite 516 Springfield, MO 65806	11/9/18, 12/6/18, 1/1/19, 2/5/19	\$48,742.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.2. Dexios Corporation	11/20/18, 12/6/18, 1/7/19, 2/5/19	\$50,205.44	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.3. CBIZ, Inc. 25450 Network Place Chicago, IL 60673-1254	12/6/18, 1/31/19	\$6,525.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.4. Technology Partners, Inc. 8757 Red Oak Boulevard Charlotte, NC 28217	11/29/18, 1/15/19	\$50,500.40	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.5. HSW & Associates, Inc. 3750 Gunn Highway Suite 308 Tampa, FL 33618	12/6/18, 1/1/19, 2/1/19	\$14,697.10	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>Rent</u>
3.6. United Healthcare	12/21/18	\$11,689.50	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.7. Tampa Bay Business Consultants	1/11/19	\$5,000.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____

Debtor **National Radiology Consultants, P.A.**

Case number (if known)

4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$6,425. (This amount may be adjusted on 4/01/19 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☒ None.

Insider's name and address Relationship to debtor	Dates	Total amount of value	Reasons for payment or transfer
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5. Repossessions, foreclosures, and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☒ None

Creditor's name and address	Describe of the Property	Date	Value of property
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6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☒ None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
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Part 3: Legal Actions or Assignments**7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits**

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

☐ None.

	Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.1.	JJP Recruiting, LLC d/b/a Radar Healthcare Providers, Inc. v. National Radiology Consultants, P.A. 18-CA-005522	Collection	Hillsborough Circuit Court 800 E. Twiggs Street Tampa, FL 33602	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.2.	Locumtenens.com, LLC v. National Radiology Consultants, P.A. 51 2018 CA 002212	Collection	Pasco Circuit Court 38053 Live Oak Avenue Dade City, FL 33523	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.3.	Virtual Radiology Professionals of Illinois, S.C., Inc. v. National Radiology Consultants, P.A. 18-CA-1160	Collection	Hillsborough Circuit Court 800 E. Twiggs Street Tampa, FL 33602	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.4.	Alex D. Bibbey v. National Radiology Consultants, P.A., National Radiology Consultants of North Carolina, LLC and James Okoh 1:18-cv-00723-WO-LPA	Labor: Fair Standards	United States District Court North Carolina Middle District 324 W. Market Street Greensboro, NC 27401-2544	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

Debtor **National Radiology Consultants, P.A.**

Case number (if known)

	Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.5.	Satish Venkataperumal, M.D. v. James I. Okoh, M.D. and National Radiology Consultants, P.A. 19-CA-1276 / Division B	Collection	Hillsborough Circuit Court 800 E. Twiggs Street Tampa, FL 33602	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☒ None
Part 4: Certain Gifts and Charitable Contributions**9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000**
☒ None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
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Part 5: Certain Losses**10. All losses from fire, theft, or other casualty within 1 year before filing this case.**
☒ None

Description of the property lost and how the loss occurred	Amount of payments received for the loss	Dates of loss	Value of property lost
	<p>If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received.</p> <p>List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).</p>		

Part 6: Certain Payments or Transfers**11. Payments related to bankruptcy**

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None.

	Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
11.1.	David Jennis, P.A. d/b/a Jennis Law 606 E. Madison Street Tampa, FL 33602	Attorney fees	1/31/19	\$36,717.00
	Email or website address ecf@jennislaw.com			
	Who made the payment, if not debtor?			

Debtor **National Radiology Consultants, P.A.**

Case number (if known)

	Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
11.2.	David Jennis, P.A. d/b/a Jennis Law 606 E. Madison Street Tampa, FL 33602	Attorney Fees	8/17/18	\$3,000.00
	Email or website address ecf@jennislaw.com			
	Who made the payment, if not debtor?			

12. Self-settled trusts of which the debtor is a beneficiary

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.
Do not include transfers already listed on this statement.

☒ None.

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
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13. Transfers not already listed on this statement

List any transfers of money or other property by sale, trade, or any other means made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☒ None.

Who received transfer? Address	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
-----------------------------------	--	------------------------	-----------------------

Part 7: Previous Locations**14. Previous addresses**

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☒ Does not apply

Address	Dates of occupancy From-To
---------	-------------------------------

Part 8: Health Care Bankruptcies**15. Health Care bankruptcies**

Is the debtor primarily engaged in offering services and facilities for:
- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

- ☒ No. Go to Part 9.
☐ Yes. Fill in the information below.

Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
---------------------------	--	---

Part 9: Personally Identifiable Information

Debtor **National Radiology Consultants, P.A.**

Case number (if known)

16. Does the debtor collect and retain personally identifiable information of customers?

- ☒ No.
- ☐ Yes. State the nature of the information collected and retained.

17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?

- ☐ No. Go to Part 10.
- ☒ Yes. Does the debtor serve as plan administrator?
- ☒ No Go to Part 10.
- ☐ Yes. Fill in below:
- ☒ No Go to Part 10.
- ☐ Yes. Fill in below:

Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units**18. Closed financial accounts**

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?
Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

☒ None

Financial Institution name and Address	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
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19. Safe deposit boxes

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

☒ None

Depository institution name and address	Names of anyone with access to it Address	Description of the contents	Do you still have it?
---	--	-----------------------------	-----------------------

20. Off-premises storage

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

☒ None

Facility name and address	Names of anyone with access to it	Description of the contents	Do you still have it?
---------------------------	-----------------------------------	-----------------------------	-----------------------

Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own**21. Property held for another**

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

☒ None**Part 12: Details About Environment Information**

For the purpose of Part 12, the following definitions apply:

Environmental law means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).

Debtor **National Radiology Consultants, P.A.**

Case number (if known) _____

Site means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.

Hazardous material means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

- ☒ No.
☐ Yes. Provide details below.

Case title Case number	Court or agency name and address	Nature of the case	Status of case
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23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?

- ☒ No.
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
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24. Has the debtor notified any governmental unit of any release of hazardous material?

- ☒ No.
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
-----------------------	---------------------------------------	-----------------------------	----------------

Part 13: Details About the Debtor's Business or Connections to Any Business

25. Other businesses in which the debtor has or has had an interest

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

- ☒ None

Business name address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.	Dates business existed
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26. Books, records, and financial statements

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

- ☐ None

Name and address	Date of service From-To
26a.1. CBIZ, Inc. 25450 Network Place Chicago, IL 60673-1254	2015 to present
26a.2. Deanna Okoh 2540 Green Forest Lane #101 Lutz, FL 33558	2015 to present

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

- ☐ None

Debtor **National Radiology Consultants, P.A.**

Case number (if known)

Name and address	Date of service From-To
26b.1. CBIZ, Inc. 25450 Network Place Chicago, IL 60673-1254	2015 to present

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

☐ None

Name and address	If any books of account and records are unavailable, explain why
26c.1. CBIZ, Inc. 25450 Network Place Chicago, IL 60673-1254	

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

☒ None**Name and address****27. Inventories**

Have any inventories of the debtor's property been taken within 2 years before filing this case?

☒ No☐ Yes. Give the details about the two most recent inventories.

Name of the person who supervised the taking of the inventory	Date of inventory	The dollar amount and basis (cost, market, or other basis) of each inventory
--	-------------------	---

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Name	Address	Position and nature of any interest	% of interest, if any
James Okoh, M.D.	9203 Pine Island Court Tampa, FL 33647	CEO / President	100%

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

☒ No☐ Yes. Identify below.**30. Payments, distributions, or withdrawals credited or given to insiders**

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

☒ No☐ Yes. Identify below.

Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
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31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

☒ No☐ Yes. Identify below.

Debtor National Radiology Consultants, P.A.

Case number (if known) _____

Name of the parent corporation

Employer Identification number of the parent corporation

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

- ☒ No
☐ Yes. Identify below.

Name of the pension fund

Employer Identification number of the parent corporation

Part 14: Signature and Declaration

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on February 15, 2019/s/ Jame Okoh, M.D.

Signature of individual signing on behalf of the debtor

Jame Okoh, M.D.

Printed name

Position or relationship to debtor President / CEOAre additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

- ☒ No
☐ Yes

**United States Bankruptcy Court
Middle District of Florida**

In re **National Radiology Consultants, P.A.**

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LIST OF EQUITY SECURITY HOLDERS

Following is the list of the Debtor's equity security holders which is prepared in accordance with rule 1007(a)(3) for filing in this Chapter 11 Case

Name and last known address or place of business of holder	Security Class	Number of Securities	Kind of Interest
James Okoh, M.D. 9203 Pine Island Court Tampa, FL 33647		100%	Ownership

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I, the **President / CEO** of the corporation named as the debtor in this case, declare under penalty of perjury that I have read the foregoing List of Equity Security Holders and that it is true and correct to the best of my information and belief.

Date **February 15, 2019**Signature **/s/ Jame Okoh, M.D.
Jame Okoh, M.D.**

Penalty for making a false statement of concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both.
18 U.S.C. §§ 152 and 3571.

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Middle District of Florida**

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VERIFICATION OF CREDITOR MATRIX

I, the President / CEO of the corporation named as the debtor in this case, hereby verify that the attached list of creditors is true and correct to the best of my knowledge.

Date: **February 15, 2019**

/s/ Jame Okoh, M.D.

Jame Okoh, M.D./President / CEO

Signer/Title

National Radiology Consultants, P.A.
2540 Green Forest Lane
Suite 101
Lutz, FL 33558

American Express Company
c/o CT Corporation System, R
1200 South Pine Island Road
Fort Lauderdale, FL 33324

CenturyLink Business Service
PO Box 52187
Phoenix, AZ 85072-2187

Daniel E. Etlinger
David Jennis, P.A. d/b/a
Jennis Law
606 E. Madison Street
Tampa, FL 33602

Aqua Chill
1320 S. Priest Drive
Suite 106
Tempe, AZ 85281

Change Healthcare
PO Box 572490
Salt Lake City, UT 84157-2490

3M Health Information System
3M Corporate Headquarters
3M Center
Saint Paul, MN 55144-1000

Aqua Chill
PO Box 24741
Tempe, AZ 85285-3848

Change Healthcare
3055 Lebanon Pike
Nashville, TN 37214

3M Health Information System
Dept. 0881
PO Box 120881
Dallas, TX 75312-0881

Bayshore Solutions
600 N. Westshore Boulevard
Suite 700
Tampa, FL 33609

Chase Ink
PO Box 1423
Charlotte, NC 28201

Adam Green M.D.
450 Knights Run Avenue #502
Orlando, FL 32835

Blue Cross Blue Shield of
Florida, Inc.
4800 Deerwood Campus Parkway
Jacksonville, FL 32246

Cintas
PO Box 630910
Cincinnati, OH 45263-0910

Adel Abdalla, M.D.
1803 Park Center Drive
Apt. 101
Orlando, FL 32835

BMW Card Services
PO Box 660545
Dallas, TX 75266-0545

Citi Business Card
701 East 60th Street North
Sioux Falls, SD 57104

Alex Bibbey, M.D.
1815 University Drive
Durham, NC 27707

CBIZ, Inc.
25450 Network Place
Chicago, IL 60673-1254

Citi Business Card
PO Box 9001037
Louisville, KY 40290

All Covered
Dept. 33163
PO Box 39000
San Francisco, CA 94139-3163

CenturyLink
100 Centurylink Drive
Monroe, LA 71203

Cliftonlarsonallen Wealth
Advisors, LLC
220 S. 6th Street
Suite 300
Minneapolis, MN 55402

American Express
PO Box 650448
Dallas, TX 75265

CenturyLink
PO Box 52124
Phoenix, AZ 85072

Corporation Service Company
PO Box 13397
Philadelphia, PA 19101-3397

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Burns, LLP
401 East Jackson St. #3100
Tampa, FL 33602

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1501 North Plano Road
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Richardson, TX 75081-2430

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3750 Gunn Highway
Suite 308
Tampa, FL 33618

Data Media Associates
PO Box 2305
Alpharetta, GA 30023

Florida Retirement Consultan
5503 West Waters Avenue
Suite 500
Tampa, FL 33634

HSW & Associates, Inc.
3750 Gunn Highway
Suite 308
Tampa, FL 33618

Data Media Associates, LLC
1295 Old Alpharetta Road
Alpharetta, GA 30005

Frontier
PO Box 740407
Cincinnati, OH 45274-0407

Hugo Montes, M.D.
18410 Tapestry Lake Circle
Apt. 101
Lutz, FL 33548

Duke Energy Headquarters
526 S. Church Street
Charlotte, NC 28202

Gilbert M. Singer, Esquire
5104 South Westshort Blvd.
Tampa, FL 33611

Internal Revenue Service
Centralized Insolvency Oper.
PO Box 7346
Philadelphia, PA 19101-7346

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Charlotte, NC 28202

Greenlee Law, PLLC
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James Okoh, M.D.
9203 Pine Island Court
Tampa, FL 33647

EEL Security, Inc.
14529 N. Florida Avenue
Tampa, FL 33613

Hartford Life Insurance
PO Box 660916
Dallas, TX 75266-0916

James Okoh, M.D.
9203 Pine Island Court
Tampa, FL 33647

EEL Security, Inc.
PO Box 17849
Tampa, FL 33682

Harvey Esrov, M.D.
5921 Drexel Court
Naples, FL 34119

James Okoh, M.D.
9203 Pine Island Court
Tampa, FL 33647

Emergence
205 Park Central East
Suite 516
Springfield, MO 65806

HCA Health Svs. FL, Inc.
d/b/a Oak Hill Hospital
One Park Plaza
Nashville, TN 37203

James Okoh, M.D.
9203 Pine Island Court
Tampa, FL 33647

Fan Yun Gan, M.D.
9321 Briarcliff Trace
Port Saint Lucie, FL 34986

Hillsborough County Medical
Association
606 S. Boulevard
Tampa, FL 33606

James Okoh, M.D.
9203 Pine Island Court
Tampa, FL 33647

James Okoh, M.D.
9203 Pine Island Court
Tampa, FL 33647

NC Dept. of Labor
1101 Mail Service Ctr.
Raleigh, NC 27699

Radiation Services
9320 McIntosh Road
Dover, FL 33527-3744

JPMorgan Chase
270 Park Avenue
New York, NY 10017

NICA
FL Neurological Compensation
PO Box 14567
Tallahassee, FL 32317-4567

RamSoft
10808 Foothill Blvd. 160-427
Rancho Cucamonga, CA 91730

JPMorgan Chase
270 Park Avenue
New York, NY 10017

Nuance Communications, Inc.
3984 Pepsi Cola Drive
Melbourne, FL 32934

Salesforce.com, Inc.
The Landmark @ 1 Market St.
Suite 300
San Francisco, CA 94105

JPMorgan Chase Bank, N.A.
270 Park Avenue
New York, NY 10017

Nuance Communications, Inc.
PO Box 2561
Carol Stream, IL 60132-2561

Salesforce.com, Inc.
PO Box 203141
Dallas, TX 75320-3141

JPMorgan Chase Bank, N.A.
Collateral Mgmt Small Bus.
PO Box 33035
Louisville, KY 40232-9891

Pasco County Tax Collector
4135 Land O'Lakes Boulevard
Land O Lakes, FL 34639

Satish Venkataperumal, M.D.
15701 Newcastle Court
Tampa, FL 33647

Lincoln National Life Ins.
Group
PO Box 7247-0477
Philadelphia, PA 19170

Principal Disability Health
711 High Street
Des Moines, IA 50392-1520

Shred-it
28883 Network Place
Chicago, IL 60673-1288

LocumTenens.com
2655 Northwinds Parkway
Alpharetta, GA 30009

Promise Hospital of Dade, Inc
Promise Hospital of Miami
14001 NW 82nd Avenue
Maimi Lakes, FL 33016

Shumaker Loop & Kendrick, LLP
101 E. Kennedy Boulevard
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Tampa, FL 33602

Medicus
22 Roulston Road
Windham, NH 03087

Radar Healthcare Providers
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Watkinsville, GA 30677

Shutts & Bowen, LLP
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Suite 4100
Miami, FL 33131

Michael Herron
1132 SE Kings Bay Drive
Crystal River, FL 34429

Radar Healthcare Providers
PO Box 1708
Watkinsville, GA 30677

Spectrum Business
PO Box 31710
Tampa, FL 33631

Spectrum Business
PO Box 31710
Tampa, FL 33631

Wells Fargo Bank, N.A.
420 Montgomery Street
San Francisco, CA 94163

Zayo Group, LLC
1805 29th Street
Suite 2050
Boulder, CO 80301

Staff Care
PO Box 281923
Atlanta, GA 30384-1923

Wells Fargo Bank, N.A.
420 Montgomery Street
San Francisco, CA 94163

Staff Care, Inc.
8840 Cypress Waters Blvd.
Suite 300
Coppell, TX 75019

Wells Fargo Bank, N.A.
420 Montgomery Street
San Francisco, CA 94163

Sulloway & Hollis, PLLC
9 Capitol Street
Concord, NH 03301

Wells Fargo Bank, N.A.
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San Francisco, CA 94163

Technology Partners, Inc.
8757 Red Oak Boulevard
Charlotte, NC 28217

Wells Fargo Bank, N.A.
PO Box 77053
Minneapolis, MN 55480

United States Attorney
Attn: Civil Process Clerk
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Tampa, FL 33602

Wells Fargo Bank, N.A.
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Minneapolis, MN 55480

United States Attorney
Department of Justice
950 Pennsylvania Avenue NE
Washington, DC 20530-0001

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Minneapolis, MN 55480

Vanguard Cleaning Systems
12108 North 56th Street
Suite 8
Tampa, FL 33617

Wells Fargo Bank, N.A.
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Minneapolis, MN 55480

vRad
11995 Singletree Lane
Suite 500
Eden Prairie, MN 55344

Zayo
PO Box 952136
Dallas, TX 75395

**United States Bankruptcy Court
Middle District of Florida**

In re **National Radiology Consultants, P.A.**

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CORPORATE OWNERSHIP STATEMENT (RULE 7007.1)

Pursuant to Federal Rule of Bankruptcy Procedure 7007.1 and to enable the Judges to evaluate possible disqualification or recusal, the undersigned counsel for **National Radiology Consultants, P.A.** in the above captioned action, certifies that the following is a (are) corporation(s), other than the debtor or a governmental unit, that directly or indirectly own(s) 10% or more of any class of the corporation's(s') equity interests, or states that there are no entities to report under FRBP 7007.1:

☒ None [*Check if applicable*]

February 15, 2019

Date

/s/ Daniel E. Etlinger

Daniel E. Etlinger

Signature of Attorney or Litigant

Counsel for **National Radiology Consultants, P.A.**

David Jennis, P.A. d/b/a

Jennis Law

606 E. Madison Street

Tampa, FL 33602

813-229-2800

ecf@jennislaw.com